Unit 18: Understanding Mental Wellbeing – Case Studies

Case 1: Marcus

Marcus is 18 years old and has been diagnosed with an eating disorder – Anorexia Nervosa. Marcus grew up in a seemingly 'normal' household where no pressure was ever placed upon him with regard to diet. He was a happy child who grew into an unhappy adolescent and even unhappier young adult.

When Marcus was fifteen, his father obtained a research post in another city and the family moved to an affluent suburb on the edge of the city. Marcus was a bright learner, but found fitting in at his new school difficult and was regarded as 'odd' by some classmates as he developed more dislikes of food and snacks.

At home, Marcus began arriving late for meals, just as the family had finished eating, stating that he had eaten at a friend's house and was not hungry. His mother provided packed lunches in response to Marcus's complaint about the poor quality of school meals and the lunch box was always returned empty at the end of the school day.

Marcus became obsessed with his weight, insisting he was fat and accusing his parents of trying to 'fatten him up' deliberately. When Marcus did eat meals with the family, he would dash upstairs to vomit shortly afterwards. He bought laxatives from the local pharmacy, complaining that he was constipated because of the food provided at home.

Marcus stopped going to cricket practice, an activity he had previously enjoyed, stating that it was 'boring'.

Marcus has now been admitted to the ward under a section of the current mental health legislation, for observation and treatment. He does not join in with any of the activities provided, but sits in the chair by his bed alone. He often feels cold and wears sweaters on the ward, even when everyone else is warm.

Case 2: Nusrat

Nusrat is 21 years old and has been diagnosed with schizophrenia which is a psychotic disorder. Nusrat had a normal childhood, but gradually became withdrawn as she reached later adolescence. Nusrat obtained a place on a degree in medicine at the university of her choice but was withdrawn from the course following a referral to student health by the Dean of the School of Medicine, when she became convinced that the people in a video clip, shown in class, were addressing her directly.

Nusrat had made friends with other students on the course but gradually stopped communicating with them, spending all of her free time in her room, where she could be heard shouting and telling someone to stop speaking to her. Students who looked through her bedroom window could see no one else in the room.

Nusrat parents were contacted by the university, who took her home and arranged a visit with their family doctor. Nusrat's appearance had altered, she no longer took pride in her appearance and her clothes were dirty, appearing not to have been changed for several days.

The doctor contacted the local mental health team and Nusrat was admitted to the ward. Nusrat agreed to the admission but was told that had she not, she would have

been admitted under the current mental health legislation, as she was considered to be at risk of harming herself following an incident with a razor, which she had stolen from the family bathroom.

Nusrat has refused medication stating that she is not ill, and her treatment is currently under review.

Case 3: Hasan

Hasan is 29 years old and has been diagnosed with clinical depression. Hasan has visited his local medical practice on a number of occasions, complaining of general aches and pains, lack of energy and disturbed sleep patterns. None of the doctors could find any apparent cause for the symptoms and prescribed a tonic.

Hasan became less motivated, eventually giving up his job as a carpenter for a large company, as his mood became low and he stopped believing in his own competence for the work required. Hasan lived with his wife Laila who became concerned when Hasan claimed to have seen his deceased mother, who had told him that it was 'time to come home to her'.

Laila has now left the couple's home, telling Hasan to cheer up and that he is too miserable to live with. His friends stopped contacting him, as he would either refuse to go out, or sit in a corner not communicating.

Hasan has refused to accept help and is now in hospital following an attempt to end his own life. He was admitted under a compulsory order and is being assessed by the team.

Hasan does not chat to the other service users on the ward as he feels that his sadness will upset them.

Hasan feels that there is nothing in his life that is worthwhile and that he has nothing to get out of bed in the morning for. He refuses to join in the social activities provided, saying that he is not interested.